

FY 16/17

# Title V:

## Medical Home & Transition to Adulthood Request for Proposal

INDIANA STATE DEPARTMENT OF HEALTH  
Children's Special Health Care Services Division

### **APPLICATION DUE DATE**

Friday, May 15th, 2015  
5:00 PM EST

Please use the **Addressing  
Medical Home and  
Transition to Adulthood  
RFP** to complete this  
document

## SECTION 1: INSTRUCTIONS

Please refer to the Title V Medical Home and Transition to Adulthood RFP for detailed instructions on how to complete this document. For each section, refer to the corresponding section in the Title V Medical Home and Transition to Adulthood RFP.

This is an electronic application. The entire application cannot exceed **50 pages** (including this entire Application attachment, forms, etc.). Applications that exceed the page limit will be considered non-responsive and will not be entered into the review process.

**IMPORTANT: REFER TO TITLE V MEDICAL HOME AND TRANSITION TO ADULTHOOD RFP FOR DETAILED INSTRUCTIONS ON HOW TO COMPLETE THIS APPLICATION.**

## SECTION 2: COMPLETION CHECKLIST

THIS CHECKLIST IS TO ASSIST IN ASSURING EACH SECTION OF THE APPLICATION IS COMPLETE. BEFORE SUBMITTING, PLEASE CONFIRM THAT EACH SECTION IS COMPLETED IN ITS ENTIRITY.

- ☐ Section 2: Completion Checklist
- ☐ Section 3: Application Cover Page
- ☐ Section 4: Summary
- ☐ Section 5: Application Narrative
  - ☐ 5-A: Organizational Capacity/ Background
  - ☐ 5-B: Statement of Need
  - ☐ 5-C: Goals and Objectives
  - ☐ 5-D: Activities
  - ☐ 5-E: Staffing Plan
  - ☐ 5-F: Resource Plan/Facilities
  - ☐ 5-G: Evidence-based Programming
  - ☐ 5-H: Evaluation Plan
  - ☐ 5-I: Sustainability Plan
  - ☐ 5-J: Literature Citations
- ☐ Section 6: Budget
- ☐ Section 7: Required Attachments
  - ☐ 7-A: Bio-sketches
  - ☐ 7-B: Job Descriptions
  - ☐ 7-C: Timeline
  - ☐ 7-D: Outcome Forms
- ☐ Section 8: Additional Required Documents
  - ☐ 8-A: IRS Nonprofit Tax Determination Letter
  - ☐ 8-B: Org Chart & Program-Specific Org Chart
  - ☐ 8-C: Letters of Support / Agreement / MOUs

### SECTION 3: IMPORTANT INFORMATION

#### PROJECT INFORMATION

|                                 |      |                           |
|---------------------------------|------|---------------------------|
| Project Title:                  |      | Amount Requested: \$      |
| Agency Name:                    |      |                           |
| City:                           | Zip: | County:                   |
| Agency Email:                   |      |                           |
| Agency Phone: (     )     -     |      | Agency Fax: (     )     - |
| Agency Website:                 |      |                           |
| Federal ID Number/ Taxpayer ID: |      |                           |

#### CONTACT INFORMATION

|                              |                            |         |
|------------------------------|----------------------------|---------|
| Primary Contact:             |                            |         |
| Contact Address:             |                            |         |
| City:                        | Zip:                       | County: |
| Contact Email:               |                            |         |
| Contact Phone: (     )     - | Contact Fax: (     )     - |         |

## REQUIRED SIGNATURES

Signature of Applicant Authorized Executive Official\*:

Name:

Position Title:

Signature of Project Director\*:

Name:

Position Title:

Signature of Person Authorized to Make Legal and Contractual Agreements\*:

Name:

Position Title:

\*Typed signature will be accepted

#### **SECTION 4: SUMMARY (1 PAGE)**

##### **SUMMARY**

|  |
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|  |
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#### **SECTION 5: APPLICATION NARRATIVE**

##### **SECTION 5-A: ORGANIZATION BACKGROUND / CAPACITY (2000 CHARACTER LIMIT)**

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|  |
|--|

##### **SECTION 5-B: STATEMENT OF NEED (4000 CHARACTER LIMIT)**

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|--|
|  |
|--|

##### **SECTION 5-C: GOALS/OBJECTIVES (2000 CHARACTER LIMIT)**

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|  |
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##### **SECTION 5-D: ACTIVITIES (6000 CHARACTER LIMIT)**

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|  |
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##### **SECTION 5-E: STAFFING PLAN (4000 CHARACTER LIMIT)**

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|  |
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**SECTION 5-F: RESOURCE PLAN/FACILITIES**  
(2000 CHARACTER LIMIT)

**SECTION 5-G: EVIDENCE-BASED PRACTICE**  
(2000 CHARACTER LIMIT)

**SECTION 5-H: EVALUATION PLAN**  
(6000 CHARACTER LIMIT)

**SECTION 5-I: SUSTAINABILITY PLAN**  
(2000 CHARACTER LIMIT)

**SECTION 5-J: LITERATURE CITATIONS (1 PAGE)**

## SECTION 6: BUDGET

**\*IMPORTANT: REFER TO TITLE V: MEDICAL HOME AND TRANSITION TO ADULTHOOD RFP FOR DETAILED INSTRUCTIONS ON COMPLETION OF THE BUDGET.**

## SECTION 7: REQUIRED ATTACHMENTS

### SECTION 7-A: BIO-SKETCHES

|  |                      |                        |                  |
|--|----------------------|------------------------|------------------|
| Name:  |                      | Position Title:        |                  |
| Education/ Training: <i>(Begin with most recent. Also include other initial professional education, such as nursing)</i> |                      |                        |                  |
| Institution and Location   | MM/YY of Graduation  | Degree (if applicable) | Field of Study   |
|  |                      |                        |                  |
|  |                      |                        |                  |
|  |                      |                        |                  |
| Relevant Employment Experience <i>(Begin with most recent and include the three most relevant experiences.)</i>          |                      |                        |                  |
| Agency/ Company  | Period of Employment | Position Title         | Responsibilities |
|  |                      |                        |                  |
|  |                      |                        |                  |
|  |                      |                        |                  |

|  |                     |                        |                |
|--|---------------------|------------------------|----------------|
| Name:  |                     | Position Title:        |                |
| Education/ Training: <i>(Begin with most recent. Also include other initial professional education, such as nursing)</i> |                     |                        |                |
| Institution and Location   | MM/YY of Graduation | Degree (if applicable) | Field of Study |
|  |                     |                        |                |
|  |                     |                        |                |



|   |                      |                |                  |
|---|----------------------|----------------|------------------|
|   |                      |                |                  |
| Relevant Employment Experience ( <i>Begin with most recent and include the three most relevant experiences.</i> ) |                      |                |                  |
| Agency/ Company   | Period of Employment | Position Title | Responsibilities |
|   |                      |                |                  |
|   |                      |                |                  |
|   |                      |                |                  |

|  |                      |                        |                  |
|--|----------------------|------------------------|------------------|
| Name:  |                      | Position Title:        |                  |
| Education/ Training: ( <i>Begin with most recent. Also include other initial professional education, such as nursing</i> ) |                      |                        |                  |
| Institution and Location   | MM/YY of Graduation  | Degree (if applicable) | Field of Study   |
|  |                      |                        |                  |
|  |                      |                        |                  |
|  |                      |                        |                  |
| Relevant Employment Experience ( <i>Begin with most recent and include the three most relevant experiences.</i> )          |                      |                        |                  |
| Agency/ Company  | Period of Employment | Position Title         | Responsibilities |
|  |                      |                        |                  |
|  |                      |                        |                  |
|  |                      |                        |                  |

|  |                     |                        |                |
|--|---------------------|------------------------|----------------|
| Name:  |                     | Position Title:        |                |
| Education/ Training: ( <i>Begin with most recent. Also include other initial professional education, such as nursing</i> ) |                     |                        |                |
| Institution and Location   | MM/YY of Graduation | Degree (if applicable) | Field of Study |
|  |                     |                        |                |
|  |                     |                        |                |
|  |                     |                        |                |

| Relevant Employment Experience ( <i>Begin with most recent and include the three most relevant experiences.</i> ) |                      |                |                  |
|---|----------------------|----------------|------------------|
| Agency/ Company   | Period of Employment | Position Title | Responsibilities |
|   |                      |                |                  |
|   |                      |                |                  |
|   |                      |                |                  |

| Name:  |                      | Position Title:        |                  |
|--|----------------------|------------------------|------------------|
| Education/ Training: ( <i>Begin with most recent. Also include other initial professional education, such as nursing</i> ) |                      |                        |                  |
| Institution and Location   | MM/YY of Graduation  | Degree (if applicable) | Field of Study   |
|  |                      |                        |                  |
|  |                      |                        |                  |
|  |                      |                        |                  |
| Relevant Employment Experience ( <i>Begin with most recent and include the three most relevant experiences.</i> )          |                      |                        |                  |
| Agency/ Company  | Period of Employment | Position Title         | Responsibilities |
|  |                      |                        |                  |
|  |                      |                        |                  |
|  |                      |                        |                  |

## SECTION 7-B: JOB DESCRIPTIONS

| Position Title | Roles | Responsibilities | Qualifications |
|----------------|-------|------------------|----------------|
|                | 1)    | 1)               | 1)             |
|                | 2)    | 2)               | 2)             |
|                | 3)    | 3)               | 3)             |
|                | 4)    | 4)               | 4)             |
|                | 5)    | 5)               | 5)             |

| Position Title | Roles | Responsibilities | Qualifications |
|----------------|-------|------------------|----------------|
|                | 1)    | 1)               | 1)             |
|                | 2)    | 2)               | 2)             |
|                | 3)    | 3)               | 3)             |
|                | 4)    | 4)               | 4)             |
|                | 5)    | 5)               | 5)             |

| Position Title | Roles | Responsibilities | Qualifications |
|----------------|-------|------------------|----------------|
|                | 1)    | 1)               | 1)             |
|                | 2)    | 2)               | 2)             |
|                | 3)    | 3)               | 3)             |

|  |    |    |    |
|--|----|----|----|
|  |    |    |    |
|  | 4) | 4) | 4) |
|  | 5) | 5) | 5) |

| Position Title | Roles | Responsibilities | Qualifications |
|----------------|-------|------------------|----------------|
|                | 1)    | 1)               | 1)             |
|                | 2)    | 2)               | 2)             |
|                | 3)    | 3)               | 3)             |
|                | 4)    | 4)               | 4)             |
|                | 5)    | 5)               | 5)             |

| Position Title | Roles | Responsibilities | Qualifications |
|----------------|-------|------------------|----------------|
|                | 1)    | 1)               | 1)             |
|                | 2)    | 2)               | 2)             |
|                | 3)    | 3)               | 3)             |
|                | 4)    | 4)               | 4)             |
|                | 5)    | 5)               | 5)             |

| Position<br>Title | Roles | Responsibilities | Qualifications |
|-------------------|-------|------------------|----------------|
|                   | 1)    | 1)               | 1)             |
|                   | 2)    | 2)               | 2)             |
|                   | 3)    | 3)               | 3)             |
|                   | 4)    | 4)               | 4)             |
|                   | 5)    | 5)               | 5)             |

# SECTION 7-C: TIMELINE

|                               |            | FY 2016                  |                          |                          |                          |
|-------------------------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                               | Activities | 1                        | 2                        | 3                        | 4                        |
| PLANNING<br>ACTIVITIES        |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPLEMENTATI<br>ON ACTIVITIES |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EEVALUATIO<br>N/<br>REPORTING |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                               |            | FY 2017                  |                          |                          |                          |
|-------------------------------|------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                               | Activities | 1                        | 2                        | 3                        | 4                        |
| PLANNING<br>ACTIVITIES        |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IMPLEMENTATI<br>ON ACTIVITIES |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EVALUATIO<br>N/<br>REPORTING  |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                               |            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## SECTION 7-D: OUTCOMES FORMS

|                                 |  |
|---------------------------------|--|
| <b><u>Service Category:</u></b> |  |
| <b><u>Priority Area:</u></b>    |  |
| <b><u>Activity:</u></b>         |  |
| Outcome 1:                      |  |
| Outcome 2:                      |  |
| Outcome 3:                      |  |
| Outcome 4:                      |  |

|                                 |  |
|---------------------------------|--|
| <b><u>Service Category:</u></b> |  |
| <b><u>Priority Area:</u></b>    |  |
| <b><u>Activity:</u></b>         |  |
| Outcome 1:                      |  |
| Outcome 2:                      |  |
| Outcome 3:                      |  |
| Outcome 4:                      |  |

|                                 |  |
|---------------------------------|--|
| <b><u>Service Category:</u></b> |  |
| <b><u>Priority Area:</u></b>    |  |
| <b><u>Activity:</u></b>         |  |
| Outcome 1:                      |  |
| Outcome 2:                      |  |
| Outcome 3:                      |  |
| Outcome 4:                      |  |



|                                 |  |
|---------------------------------|--|
| <b><u>Service Category:</u></b> |  |
| <b><u>Priority Area:</u></b>    |  |
| <b>Activity:</b>                |  |
| Outcome 1:                      |  |
| Outcome 2:                      |  |
| Outcome 3:                      |  |
| Outcome 4:                      |  |

|                                 |  |
|---------------------------------|--|
| <b><u>Service Category:</u></b> |  |
| <b><u>Priority Area:</u></b>    |  |
| <b>Activity:</b>                |  |
| Outcome 1:                      |  |
| Outcome 2:                      |  |
| Outcome 3:                      |  |
| Outcome 4:                      |  |

|                                 |  |
|---------------------------------|--|
| <b><u>Service Category:</u></b> |  |
| <b><u>Priority Area:</u></b>    |  |
| <b>Activity:</b>                |  |
| Outcome 1:                      |  |
| Outcome 2:                      |  |
| Outcome 3:                      |  |
| Outcome 4:                      |  |

## **SECTION 8: ADDITIONAL REQUIRED DOCUMENTS**

SECTION 8-A: IRS NONPROFIT TAX DETERMINATION LETTER

SECTION 8-B: ORG CHART & PROGRAM-SPECIFIC ORG CHART

SECTION 8-C: LETTERS OF SUPPORT / AGREEMENT / MOUS